

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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15						
16						
17						
18	1					
19		1				
20		1				
21		1				
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	6					
TOTAL CLAIMS	9					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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